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May 1976

Dear Declan

I am sending you a copy of attached paper by Prof. Daly for information. It is to be read by Prof. Daly at the American Psychiatric Association Annual General Meeting in Miami Beach, Florida, on 12 May 1976.

Yours sincerely

Martin Burke

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PSYCHIATRIC EFFECTS OF COUNTER-INSURGENCY OPERATIONS

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At a time of real and predicted increase in subversion and insurgency in many countries, security forces throughout the world often now see their major role less in fighting conventional wars than in countering such insurgency (1), even within their own countries (2). For both policemen and soldiers this task has brought a search to refine methods of dealing with insurgents allied with the use of conventional techniques. These often have both a psychological basis and psychological effects.

In Northern Ireland Security Forces have been involved in such a campaign and this paper reports the psychiatric effects on 43 individuals interrogated there. Many were arrested during a large counter-insurgency operation which took place on August 9th, 1971; others were arrested since. The stated object of the August 9th operation was to arrest, interrogate and intern as many suspects as possible (3). Some 342 men were arrested and their subsequent treatment may be divided into three stages: arrest, initial sorting out and "interrogation in depth".

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a. The Arrest

All of the subjects involved in the August 9th Operation and most of the other patients examined had been arrested by troops entering their homes and awakening them from their sleep. They were often not allowed to dress and made to run barefoot, sometimes while being struck, to waiting military vehicles some distance from their homes. No reason was given for the arrest but the arresting soldiers read out that they were being arrested "under the Special Powers Act".

Many of the arrestees did not regard themselves as suspects and presumed they were arrested to obtain information they might have about the neighbourhood.

These "holding centres" were brief stopping-off points where arrestees were collected for transportation to the initial interrogation centres in the three military camps, one for each Brigade Area.

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b. Early Sorting Out

The severity of the experience varied somewhat in the different centres. The camps were dirty and untidy, perhaps both by accident and by design. The arrestees were placed sitting in rigid postures on the floor and were not permitted to look at or talk to each other. They were forced for example to sit with feet against the wall, with hands behind heads, looking at the ceiling. They were made under threat of beating to do exhausting exercises such as push-ups and were also made to run at the double if they wanted to go to the toilet. They were medically examined. Some were not given any bedding for sleep, while others, allowed to lie on camp beds, were prevented from sleeping. Initial interrogations were carried out by detectives during this time.

After approximately two days at these initial interrogation centres the arrestees were either released, or brought away to imprisonment or, in the case of twelve individuals, selected for further "treatment". The four selected in this way at each camp found themselves on the second night to be the only detainees left in the camp. They were suddenly bound and hooded and brought in helicopters to an unknown interrogation centre.

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c. The "Interrogation in Depth"

Although they did not realise it, this phase was to last seven more days. At the special Interrogation Centre(s) the subjects were undressed and medically examined with the hoods remaining on their heads. They were photographed nude then put into loose overalls and made to stand in a search position leaning with their fingertips against a wall in a room with a loud, hissing, "white" noise, variously likened to helicopter blades or steam escaping from a valve. They each had a number written in crayon on the back of their hands. Some of the subjects described that they were stretched over radiator pipes. They were kept in this position for varying periods estimated at two to three days before the initial "deep interrogations". Throughout this time they were totally isolated, were fed minimal quantities of bread and water and in some cases were not allowed to go to the toilet. If they moved from the painful posture they were beaten, a fact substantiated by medical examinations conducted in prison after the interrogation. They were made to stay in this position for between two to four days before the interrogations. During this time they described that they collapsed frequently and lost consciousness.

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No verbal or visual contact whatsoever occurred between these men and their guards. Further experiences included a trip by helicopter, still hooded and with an accompaniment of beatings, to be served with a legal document (Internment Order) and then being brought back again to the interrogation centre.

While standing against the wall the men described various illusions, delusions and hallucinations.

One man described seeing a vision of his dead infant son and feeling that he was in heaven. Another that he was drowning near a light house. Some thought there had been a coupe by extremist factions and that they were about to be executed to prevent their reporting their torture. The actual interrogations were wide-ranging, included questions about the I.R.A., and the seeking of names and other information. Failure to co-operate lead to being returned to the position against the wall, although in the last day or so of the week subjects were allowed to rest briefly, although without sleep, in either bright or dark cells.

Various psychological ploys were used such as the unfriendly and friendly interrogator.

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The relationship with the friendly interrogator stretched even to grooming behaviour where the subjects were helped to wash and shave and given after-shave lotion. With some men the suggestion was made that their families had been harmed, and that large sections of their neighbourhoods had been destroyed etc.

Before their eventual removal from the Interrogation Centre they were again medically examined and photographed unclad before being transported by helicopter to prison. Here the overwhelming feeling was one of post-release euphoria which the subjects felt in the safety and companionship of the prison, with freedom from pain, hunger, humiliation, sleeplessness, disorientation and sensory deprivation.

Other Experiences

Some of the subjects examined were arrested some time after the August 9th Operation; one of these in October 1971 was given the "Interrogation in Depth" treatment in an almost identical manner. The others had varying treatments almost all including physical abuse and beatings, painful postures and shorter episodes of sleep deprivation.

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Some had blank cartridges fired at them in mock execution episodes. Others were brought to "graves" and threatened with execution if they did not co-operate.

A variation on the sensory deprivation experience was keeping men in a sound-attenuated booth facing a wall where they were made to count the holes in the acoustic board. During these episodes men reported hallucinatory experiences which they variously attributed to "L.S.D." or the use of audio-visual apparatus. The female subject (aged 16) was kept alone in a cell in which were hung enlarged coloured photographs of bombing victims.

Method of Examination

All the subjects were examined on at least one occasion and some on two or three occasions as opportunity arose. The psychiatric interview was conducted in a conventional manner, was audio-taped where possible and was followed by a questionnaire regarding their experience and the effects. In addition the subjects completed the Beck Depression Inventory and the 16 Personality Factor Questionnaire.

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Some of the subjects were examined at internment camps, others in their homes or in hospital. Others had been released and one had escaped. Wherever possible, and in the majority of cases, relatives were interviewed.

RESULTS

(i) Immediate Effects

All of the "Interrogation in Depth" subjects recalled hallucinations and delusions. One man reported hymns and the sounds of shots being fired by an execution squad. Another man reported drowning and being washed up on the sea shore. Foremost in all the reports was the extreme pain caused mostly by the posture but also by the beating used to make them maintain the posture. All recalled being terrified. Also foremost in their minds was the feeling of extreme exhaustion which they experienced, with episodes of falling asleep and collapsing only to be awakened instantly. One object seemed to be the creation of a feeling of powerlessness in the face of an indifferent omnipotent authority. All of the subjects denied providing useful information to their interrogators and there has been no evidence of fear or guilt associated with their returning to their old neighbourhoods.

In the "hooded men" it is suspected that dehydration and debilitation resulted in pyrexial illness and this is confirmed in at least one case by contemporary medical examination.

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Painful bruising and the swelling of extremities was also reported.

(ii) Subsequent Effects

Depression was a frequent complaint amongst the subjects. Of the 34 subjects completing the Beck Depression Inventory 18 scored as mildly depressed with ten in the moderate or severe depressive range. The mean score for the group was 16.25, with a standard deviation of 11.5, which would be above the mean for mild depression in British patients (4).

With regard to the 16 PF scores these are shown in fig. 1. It may be seen that the scores differ significantly from British Norms (5) on Factor C ("more affected by feelings and emotionally less stable and easily upset"), Factor H ("shy, timid"), Factor L ("suspicious"), Factor O ("more apprehensive, self-reproaching, worrying and troubled"), Factor Q3 ("undisciplined self-conflict") and Factor Q4 ("more tense, frustrated, driven and overwrought").

These scores, incidentally, show no evidence of psychopathy; instead they appear as an intelligent, shy, conservative group.

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Symptoms reported are shown in table 1. The most frequently reported symptoms were increased nervousness followed by startle reactions, subjective depressed mood, loss of energy, increased suspiciousness, appetite disturbance and reliving of the experience, etc. The only noticeably infrequent symptom was guilt, reported by only one subject. Only four of the group reported absence of marked physical symptoms. In one of these cases although he reported globally that all was well, his wife indicated this was denial, that he had lost considerable weight and that he was not functioning well in his work to which he had returned.

The modal elapsed time between examination and the traumatic experience was one year. But in the case of the 13 "hooded men" a five year follow-up has been possible. One of these, a forty-two year old man has since died, attributed at inquest to coronary heart disease. When examined some four months prior to his death he had a feeling of impending fatal illness (A "brain tumour" or a "heart attack"). He had gross symptoms of anxiety. His E.E.G. and E.K.G. were normal. His blood pressure was 150/100. Other laboratory investigations were normal.

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One 29 year old hooded man has developed Hodgkins Disease of which there was no evidence prior to his arrest. Another hooded man has had surgical treatment for carcinoma of the skin, which developed on one of the scars he received on his leg while being "interrogated in depth".

The fourth has had colonic resection for suspected Crohn's Disease. He developed intense and chronic diarrhoea some three months after the "interrogation in depth" procedure.

Thus all of the "hooded men" report disability to a greater or lesser extent and this has included out-patient and in-patient psychiatric treatment, as well as treatment for medical illness.

Serious medical illness has not been reported to the same degree in the other men interrogated, but complete follow-up data is not yet available (but psychiatric illness has been common).

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Between Group Comparison

A comparison of the "hooded men" with other persons interrogated (table 1) shows a significantly more frequent occurrence of nightmares. The difference on family problems approaches, but does not reach, the 5% level of probability. Both groups show a strikingly high level of psychological and physical symptomatology.

Comparisons on the 16 PF test indicate significant fig. 2 differences between the two groups including C (Affected by feelings, upset), L (Suspicious), Q3 (undisciplined self-conflict) and Q4 (Tense, frustrated, driven), pointing to a more severe traumatic neurosis in the hooded group. Differences on B (Intelligent), G (Conscientious) and Q1 (Conservative), which might suggest potential leadership types, offer a clue to the reason for the selecting of the sample to interrogate in depth.

On the 16 PF second order factors and the Beck Depression Inventory, no significant differences were found between the two groups.

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Discussion

Deprivation of sensation, food, water, and sleep, combined with other techniques have been known for centuries as methods of coercion. Their systematic use as described in this context seems to have reached a higher level of intensity than previously known.

Previous reports such as the extensive surveys by Hinkle and Wolff (6), Lifton (7) and others (8), (9) have described such techniques. As in this instance they are usually combined with humiliations, rigid control, even of defaecation and urination, threats, promises as well as physical pain through beating and painful postures. The origins and terminology of such "brainwashing" have been widely discussed and surveyed. This example differs only in being more intensive, drastic and brief, lasting in all about nine days. The entire operation from arrest to the final selection of a smaller number of men was designed to apply maximum pressure. Whether the objective was just to obtain information or to additionally persuade individuals to work for the security forces following a conversion process, is open to speculation.

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The individuals reported in this paper have been experiencing considerable psychological disability and suffering and also psychosomatic problems. The commonest symptoms were: marked anxiety, fear and dread, as well as insomnia, nightmare, and startle responses. In this respect they resemble those subjected to traumatic experiences and shell-shock in war-time. Depression has been almost universal and weeping attacks have been common. Family upset has also been marked.

Psychosomatic symptoms such as peptic ulcer, headaches and diarrhoea have emerged quite quickly. The emergence of serious illness in the group of "hooded men", (one of whom has already died) points to the drastic nature of this particular procedure.

For comparison one might refer to studies of those exposed to disasters or to severe wartime experience. Eitinger and Stromm conducted a retrospective investigation into the mortality and morbidity amongst Norwegians who had been in the concentration camps, prisons or penitentiaries run by Germany during the Second World War. They found the mortality of the ex-prison population considerably higher than that for the rest of the population, although the duration of imprisonment had no influence upon the morality which seemed to depend more on the intensity of the experience. The most important causes of mortality were: infectious diseases

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and unknown causes of death, coronary heart disease, lung cancer and violent death by accident and homicide. As regards morbidity, they found a considerable increase in illness in their large series compared with the control group. The higher morbidity was not connected with any particular diagnosis. This supported Cohen and Coopers (11) observation (in Allied ex-P.O.Ws. of Japan) that "the frequency and the variety of illness appear to involve almost all organ systems". They found that none of their ex-prisoners constituted a group with a greater pre-war morbidity or negative sample. Interestingly, few of their subjects blamed their illness on their war-time experience, a tendency noted in the group reported here. Lonnum has also surveyed the literature on delayed disease and ill health following extreme stresses during war and disaster (12). He too points to the increased mortality and morbidity, both from psychiatric and physical illness with a tendency for disability, premature ageing and premature death.

It might be suggested that the difficulties of living in Northern Ireland could explain illness effects. However, Lyons (13) has suggested that, in Northern Ireland, those who live in troubled areas are less likely to show psychiatric disturbance than those who live in nearby but relatively peaceful areas. Thus it seems likely that the traumatic experience has been responsible for the effects reported.

This is also supported by Von Baeyer (14) who, studying in particular the victims of Nazi persecution, pointed to the close similarity between the effects he reported and those of communist "thought reform" and all other versions of organised persecution and terror. He emphasised that "one cannot conclude that persistent phenomena of fear among these groups are attached to specific ethnic conditions, to specific reasons for the persecution or to definite social or cultural attributes.

Also one cannot surmise that persistence of fear (of anxiety) is dependant on the lack of social adjustment after the persecution. Nor can one claim that it is dependant on the all too frequent loss of their immediate families". He also felt that "the severity of the psychiatric symptomatology and the persistence of anxiety and phobias are, according to our investigations, definitely dependant upon the severity of the immediate stress during the time of persecution".

Although the interrogation in depth procedures in Northern Ireland have been the subject of two British Government Reports (3, 15) and a number of descriptive accounts (17, 18) no survey has been attempted of the effects of this process or of other forms of interrogation used in Northern Ireland (nor for that matter, by other Western Security Forces). On the contrary a military official has stated, "no serious effects resulted". (16)

Despite the dramatic and sensational aspects of the hooding procedure, attention should not be drawn away from men exposed to more old-fashioned techniques, where the psychological trauma was in some instances very severe. This explains the surprising number of similarities rather than differences on the tests used.

Illness effects have previously been reported following conventional warfare and disasters but not from similar situations of counter-insurgency operations. With both the real and predicted increase in subversion and insurgency (1) security forces now see themselves as having their major role in countering such insurgency, even within their own frontiers (2), the pressure is to devise new methods of dealing with this problem and the temptation is strong to believe that since the trauma of such interrogation techniques is largely "psychological" that the effects will be minimal. In this study the reverse has been found.



*P=52
+40

16 PF TEST PROFILE

2 — 7.23 **
3 — 5.25
+ — 1.5

| FACTOR | RAW Score | | | Standard Score | LOW SCORE DESCRIPTION | STANDARD TEN SCORE (STEN) | | | | | | | | | | HIGH SCORE DESCRIPTION |
|----------------|-----------|--------|-------|----------------|---|---------------------------|---|---|---|----------------|---|---|---|---|----|---|
| | Form A | Form B | Total | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| A | | | | 6.07 | RESERVED, DETACHED, CRITICAL, ALOOF (Sizothymia) | . | . | . | . | A | . | . | . | . | . | OUTGOING, WARMHEARTED, EASY-GOING, PARTICIPATING (Affectothymia, formerly cyclothymia) |
| B | | | | 6.45 | LESS INTELLIGENT, CONCRETE-THINKING (Lower scholastic mental capacity) | . | . | . | . | B | . | * | * | . | . | MORE INTELLIGENT, ABSTRACT-THINKING, BRIGHT (Higher scholastic mental capacity) |
| C | | | | 3.45 | AFFECTED BY FEELINGS, EMOTIONALLY LESS STABLE, EASILY UPSET (Lower ego strength) | . | * | * | . | C | . | . | . | . | . | EMOTIONALLY STABLE, FACES REALITY, CALM, MATURE (Higher ego strength) |
| E | | | | 5.49 | HUMBLE, MILD, ACCOMMODATING, CONFORMING (Submissiveness) | . | . | . | . | D | . | . | . | . | . | ASSERTIVE, AGGRESSIVE, STUBBORN, COMPETITIVE (Dominance) |
| F | | | | 5.34 | SOBER, PRUDENT, SERIOUS, TACITURN (Desurgency) | . | . | . | . | F | . | . | . | . | . | HAPPY-GO-LUCKY, IMPULSIVELY LIVELY, GAY, ENTHUSIASTIC (Surgency) |
| G | | | | 5.19 | EXPEDIENT, DISREGARDS RULES, FEELS FEW OBLIGATIONS (Weaker superego strength) | . | . | . | . | G | . | . | . | . | . | CONSCIENTIOUS, PERSEVERING, STABLE, MORALISTIC (Stronger superego strength) |
| H | | | | 4.22 | SHY, RESTRAINED, TIMID, THREAT-SENSITIVE (Threactia) | . | * | * | . | H | . | . | . | . | . | VENTURESOME, SOCIALLY BOLD, UNINHIBITED, SPONTANEOUS (Parnia) |
| I | | | | 5.22 | TOUGH-MINDED, SELF-RELIANT, REALISTIC, NO-NONSENSE (Harria) | . | . | . | . | I | . | . | . | . | . | TENDER-MINDED, CLINGING, OVER-PROTECTED, SENSITIVE (Promia) |
| L | | | | 6.19 | TRUSTING, ADAPTABLE, FREE OF JEALOUSY, EASY TO GET ALONG WITH (Alaxia) | . | . | . | . | L | . | * | * | . | . | SUSPICIOUS, SELF-OPINIONATED, HARD TO FOOL (Protension) |
| M | | | | 6.11 | PRACTICAL, CAREFUL, CONVENTIONAL, REGULATED BY EXTERNAL REALITIES, PROPER (Proxemia) | . | . | . | . | M | . | . | . | . | . | IMAGINATIVE, WRAPPED UP IN INNER URGENCIES, CARELESS OF PRACTICAL MATTERS, BOHEMIAN (Autia) |
| N | | | | 5.42 | FORTHRIGHT, NATURAL, ARTLESS, UNPRETENTIOUS (Artlessness) | . | . | . | . | N | . | . | . | . | . | SHREWD, CALCULATING, WORLDLY, PENETRATING (Shrewdness) |
| O | | | | 7.10 | SELF-ASSURED, CONFIDENT, SERENE (Untroubled adequacy) | . | . | . | . | O | . | . | * | * | . | APPREHENSIVE, SELF-REPROACHING, WORRYING, TROUBLED (Guilt proneness) |
| Q ₁ | | | | 4.56 | CONSERVATIVE, RESPECTING ESTABLISHED IDEAS, TOLERANT OF TRADITIONAL DIFFICULTIES (Conservatism) | . | . | * | . | Q ₁ | . | . | . | . | . | EXPERIMENTING, LIBERAL ANALYTICAL, FREE-THINKING (Radicalism) |
| Q ₂ | | | | 5.02 | GROUP-DEPENDENT, A "JOINER" AND SOUND FOLLOWER (Group adherence) | . | . | . | . | Q ₂ | . | . | . | . | . | SELF-SUFFICIENT, PREFERENCES OWN DECISIONS, RESOURCEFUL (Self-sufficiency) |
| Q ₃ | | | | 3.45 | UNDISCIPLINED SELF-CONFLICT, FOLLOWS OWN URGES, CARELESS OF PROTOCOL (Low integration) | . | * | * | . | Q ₃ | . | . | . | . | . | CONTROLLED, SOCIALLY PRECISE, FOLLOWING SELF-IMAGE (High self-concept control) |
| Q ₄ | | | | 6.54 | RELAXED, TRANQUIL, UNFRUSTRATED (Low ergic tension) | . | . | . | . | Q ₄ | . | * | * | . | . | TENSE, FRUSTRATED, DRIVEN, OVERWROUGHT (High ergic tension) |

FIG. 1.

Name: _____
Comments: _____

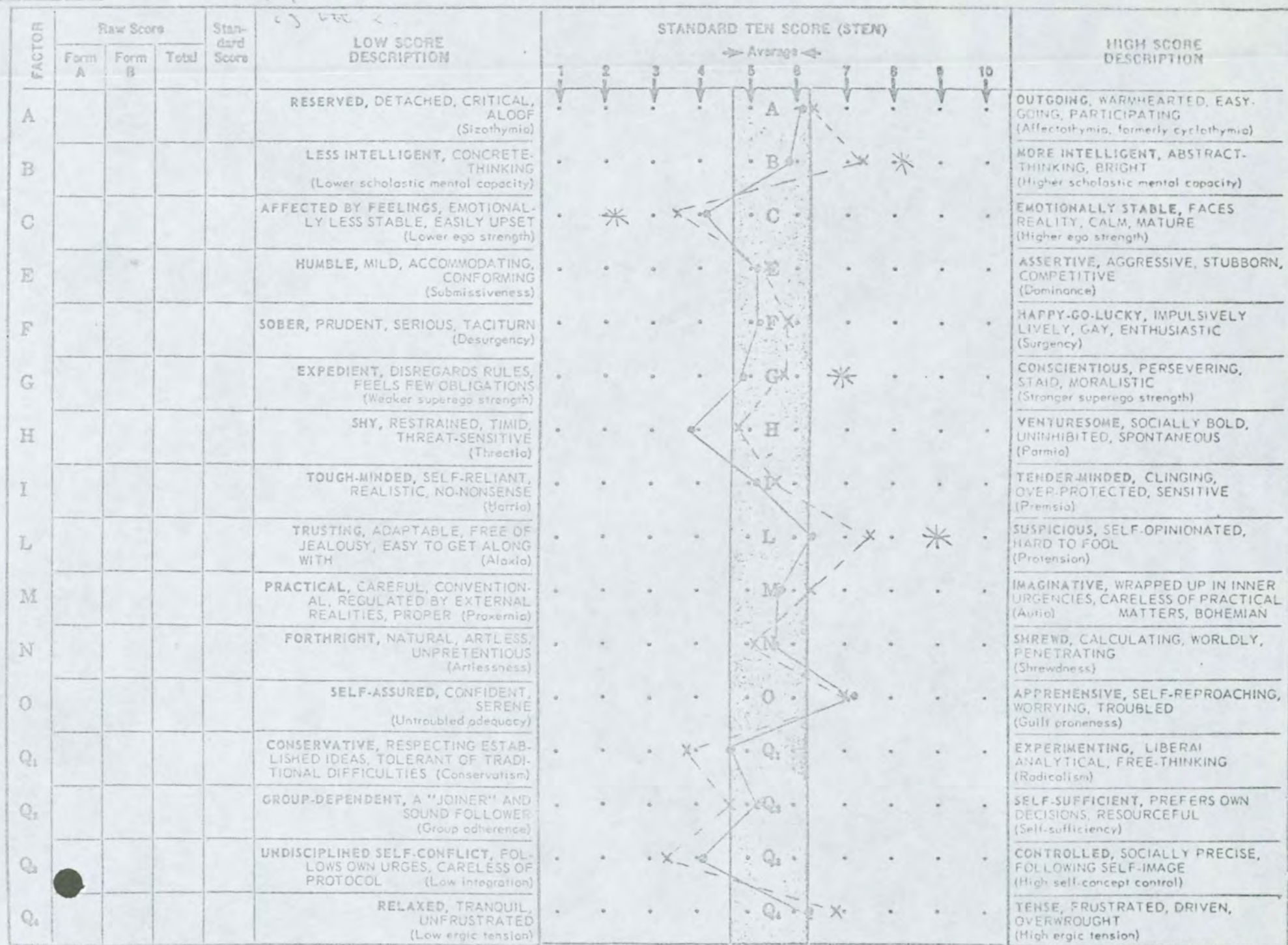


FIG. 2.

Name: _____
Comments: _____

Comparison of Two Groups on Physical/Psychological Symptoms

| Symptoms | Group A N = 13 | | Group B N = 31 | | χ^2 value df = 1 | P value |
|-------------------------|-------------------|----|-------------------|----|--------------------------|------------|
| | Actual No | % | Actual No | % | | |
| Sleep dist. | 12 | 92 | 21 | 68 | 2.9478 | * |
| Appetite dist. | 8 | 61 | 19 | 61 | .00023 | |
| Nervousness | 12 | 92 | 27 | 87 | .0783 | |
| Loss of weight | 8 | 61 | 14 | 45 | 1.2352 | |
| Nightmares | 12 | 92 | 15 | 48 | 7.452 | **** |
| Startle reaction | 11 | 85 | 24 | 77 | 0.309 | |
| Apathy (interest) | 8 | 61 | 17 | 55 | 0.1675 | |
| Phobias | 5 | 38 | 13 | 42 | 0.042 | |
| Guilt | 1 | 8 | 0 | 0 | 2.440 | |
| Reliving | 9 | 69 | 20 | 64 | 0.090 | |
| Depression | 11 | 85 | 20 | 64 | 1.777 | |
| Lethargy (energy) | 11 | 85 | 18 | 58 | 2.873 | * |
| Suspiciousness | 12 | 92 | 22 | 71 | 2.375 | |
| Paranoid | 3 | 23 | 8 | 26 | 0.033 | |
| Headaches | 6 | 46 | 9 | 29 | 1.194 | |
| Dyspepsia | 3 | 23 | 9 | 29 | 0.156 | |
| Other physical symptoms | 10 | 77 | 14 | 45 | 3.726 | ** |
| Family problems | 9 | 69 | 9 | 29 | 6.122 | *** |

**** $P < 1\%$ *** $P < 2\frac{1}{2}\%$ ** P almost at
5% level* $P < 10\%$